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APPLICANTS

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** CONTINUING DATA *****

None SB

** FOREIGN APPLICATIONS *****

None SB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Canada	1	9	2
Examiner's Signature: <i>SB</i> Initials: <i>SB</i>				

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TITLE

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